FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number: 3235-0076						
Expires:						
Estimated average burden						
hours per response16.00						

SEC USE ONLY						
Prefix		Serial				
DA	TE RECEIV	ED				
		<u> </u>				

Name of Officing (check if this is an amendment and name has changed, and indicate ch	~
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Soft Rule 505 New Filing Amendment	ection 4(6) ULOE Wall Processing Section
A. BASIC IDENTIFICATION DAT	T4 4 (11/18)
1. Enter the information requested about the issuer	FEB 1 1 2000
Name of Issuer (check if this is an amendment and name has changed, and indicate chang	(c.)
PV Powered, Inc.	Washington, DC
Address of Executive Offices (Number and Street, City, State, Z	
150 SW Scalehouse Loop #101 Bend, OR 97702	541-312-3832
Address of P incipal Business Operations (Number and Street, City, State, 2	· ·
same FEB 1 5 20	06 same
Brief Description of Business THOMSO FINANCIA	
Corporation limited partnership, already formed limited partnership, to be formed	on for State:
GENERAL INSTRUCTIONS	کی ایس
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Reg 77d(6).	gulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C
When To Filz: A notice must be filed no later than 15 days after the first sale of securities in the and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address which it is due, on the date it was mailed by United States registered or certified mail to that address the second security of the second	ess given below or, if received at that address after the date o
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington	n, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must bhotocopies of the manually signed copy or bear typed or printed signatures.	be manually signed. Any copies not manually signed must b
information Required: A new filing must contain all information requested. Amendments need hereto, the information requested in Part C, and any material changes from the information previous be filed with the SEC.	
Filing Fee: There is no federal fiting fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (UI ULOE and hat have adopted this form. Issuers relying on ULOE must file a separate notice are to be, or have been made. If a state requires the payment of a fee as a precondition to the accompany this form. This notice shall be filed in the appropriate states in accordance with	with the Securities Administrator in each state where sale the claim for the exemption, a fee in the proper amount shall

this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

,			A. E	BASIC IDE	NTH	FICATION DATA				
2. Enter th	: information r	equested for the fo	llowing:							
• Ea	:h promoter of	the issuer, if the is	suer has been o	rganized wi	thin t	he past five years;				
• Ea	:h beneficial ov	vner having the pow	er to vote or dis	pose. or dire	ect the	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer
• Ea	:h executive of	ficer and director o	f corporate issu	ers and of o	corpoi	rate general and man	aging	partners of	fpartne	ership issuers; and
• Ea	:h general and i	managing partner o	f partnership is	suers.						
Check Box(e	.) that Apply:	Promoter	Benefici	al Owner		Executive Officer	Ø	Director		General and/or Managing Partner
C. II Managari		terinaritanas								
Michael Sl	ast name first,	ii individuai)								
		ess (Number and	Street City St	ate Zin Co.	de)					
		I, Suite 450 Skol	_	are. Zip en						
Check Box(e	i) that Apply:	Promoter	Benefici	al Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (L Gwilym T.	ast name first,	if individual)						·		
Business or I	esidence Addre	ess (Number and	Street, City, St	ate, Zip Co-	đe)					
		Bend, OR 9770		-						
Check Box(e	3) that Apply:	Promoter	Benefici	al Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (I Scott Tayl	ast name first,	if individual)								
Business or I	esidence Addre	ess (Number and	Street, City, St	ate. Zip Co-	de)	. <u></u>				
742 E. Hig	ıland Blvd. S	pokane, WA 99	203							
Check Box(e	3) that Apply:	Promoter	Benefici	al Owner	Ø	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (I	ast name first,	if individual)				<u></u> _				
Gregg Patt	erson									
		ess (Number and	• • • • • • • • • • • • • • • • • • • •	ate, Zip Co	de)					
Check Box(e	s) that Apply:	Promoter	Benefici	al Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (I Glenn Har	ast name first,	if individual)								
		ess (Number and op #101 Bend, O	-	ate. Zip Co	de)					
	s) that Apply:	Promoter		al Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (I Roger Lau	ast name first, bacher	if individual)	· -··			,				
	Residence Addre	ess (Number and , OR 97701	Street, City, St	ate, Zip Co	de)					
Check Box(e	s) that Apply:	Promoter	Benefici	al Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (I Eric Peter:	ast name first,	if individual)		· · · · · · · · · · · · · · · · · · ·	,					
		ess (Number and	•	ate. Zip Co	de)	_ , ,		• • • • • • • • • • • • • • • • • • • •		
10/65 Por	vA woheald h	e Rend OR 977	702							

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the past five years:	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% of	or more of a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and managing pa	rtners of partnership issuers; and
• Ea :h general and managing partner of partnership issuers.	
Check Box(e:) that Apply: Promoter Beneficial Owner Z Executive Officer D	rector General and/or Managing Partner
Full Name (List name first, if individual)	
Steve Hum nel	
Business or Residence Address (Number and Street, City, State, Zip Code) 150 SW Scalehouse Loop #101 Bend, OR 97702	
Check Box(es) that Apply: Promoter Beneficial Owner Z Executive Officer Di	irector General and/or Managing Portner
Full Name (L ist name first, if individual)	
Yong Park	
Business or Residence Address (Number and Street, City, State, Zip Code)	
150 SW Scalehouse Loop #101 Bend, OR 97702	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Di	General and/or Managing Partner
Full Name (List name first, if individual) Bill Taylor	
Business or R:sidence Address (Number and Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·
742 E. Highland Blvd. Spokane, WA 99203	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Di	General and/or Managing Partner
Full Name (Last name first, if individual) Bill Erdman	
Business or Residence Address (Number and Street, City, State, Zip Code) 6 Glen Eagle Way Moraga, CA 94556	
Check Box(es that Apply: Promoter Beneficial Owner Executive Officer Di	rector General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Di	rector General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Di	rector General and/or Managing Partner
Full Name (La: t name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

-					B. D	NFORMAT	ION ABOU	T OFFERI	NG				:-
1,	Hae thu	icener col	d or does th	o jeener i	ntend to se	II to non-a	ceredited i	nvectore in	this offer	ino ⁹		Yes	No 🔀
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								***************************************	L!	[A]		
2.										\$			
										Yes	No		
3. 4.											X		
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full Name (Last name first, if individual)													
Bus	siness or	Residence	Address (N	lumber and	d Street, C	ity. State. Z	Lip Code)	···					
Nar	me of As	ociated B	roker or Dea	aler			•••						
Sta	tes in Wi	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)			***************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		□ VI	l States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if indi	ividual)									
Rus	iness or	Residence	Address (N	Jumber on	d Street C	lity State	Zin Code)						
Dus	siliess of	Residence	: Addiess (i	vuintoet an	u street, C	ity, state, i	zip coue)						
Nar	me of Ass	ociated Bi	roker or De	aler									
Sta	tes in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers	<u> </u>		··			
	(Check	'All States	s" or check	individual	States)			***************************************	,			☐ AI	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (I	ast name	first, if indi	ividual)		·							
Bus	siness or	Residence	Address (N	Number an	d Street, C	City, State, 2	Zip Code)	•					
					·····	<u></u>	·						
Nar	ne of Ass	ociated Br	oker or Dea	aler									
Stat	tes in Wh	ch Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	'All States	s" or check	individual	States)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this bo:: and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	5,000,000.00	\$ 1,356,255.00
	Equity		
	✓ Common ☐ Preferred		•
	Convertible Securities (including warrants)	S	\$
	Pa tnership Interests		
	Other (Specify)		\$
	Total	5,000,000.00	
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering; and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	4	\$_1,356,255.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Ru e 505		\$
	Regulation A		\$
	Ru e 504		\$
	Total		\$ 0.00
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		<u>\$ 100.00</u>
	Lefal Fees		\$_10,000.00
	Accounting Fees		s
	Engineering Fees		\$
	Sal:s Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$_10,100.00

Ŀ	C. OFFERI	NG PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	and total expenses furnished in resp	he aggregate offering price given in response to Part C — Question 1 ponse to Part C — Question 4.a. This difference is the "adjusted gross		\$
5.	each of the purposes shown. If the check the box to the left of the esting	adjusted gross proceed to the issuer used or proposed to be used for he amount for any purpose is not known, furnish an estimate and mate. The total of the payments listed must equal the adjusted gross response to Part C — Question 4.b above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salarie; and fees	[\$	
	Purchase of real estate	[\$	\$
	Purchase, rental or leasing and in and equipment	stallation of machinery	\$	
		ouildings and facilities[
	offering that may be used in exch	including the value of securities involved in this tange for the assets or securities of another		- []\$
	Working capital	[\$ 4,989,900.00
	Other (specify):			
			\$. [\$
	Column Totals	[\$_0.00	\$_4,989,900.00
	Total Payments Listed (column to	otals added)	□ \$ <u>_4</u> ,	,989,900.00
		D. FEDERAL SIGNATURE		
sig	nature constitutes an undertaking by	o be signed by the undersigned duly authorized person. If this notice y the issuer to furnish to the U.S. Securities and Exchange Commis er to any non-accredited investor pursuant to paragraph (b)(2) of F	sion, upon writte	
Iss	uer (Print or Type)	Signature J 1 2	Date	
P۱	V Powered, Inc.	frager Janbah	February 4, 200	8
Na	me of Signer (Print or Type)	Title (Signer (Print or Type)		
Rog	ger Laughbacher	CFO		

 $\mathbb{E}\mathcal{N}\mathcal{D}$

- ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)